

**CITY OF CINCINNATI  
TREASURY DIVISION, ROOM 202, CITY HALL  
PEDDLER'S LICENSE APPLICATION**

Form (1/03)

**Print Name or Trade Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_  
Street City State Zip Code

**Business Federal Tax ID** \_\_\_\_\_ **Cincinnati Income Tax Account Number** \_\_\_\_ - \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Peddler's Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Height** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Hair Color** \_\_\_\_\_ **Eye Color** \_\_\_\_\_ **SS#** \_\_\_\_\_

Indicate if you are under any Court Orders to pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide (1) Name of Court \_\_\_\_\_

(2) Status of Payments: Current \_\_\_\_\_ Arrears \_\_\_\_\_

Indicate whether owned by a Corporation ( ), Partnership ( ), Individual ( ). If owned by a corporation, all officers' name, address, and social security numbers are to be listed. If a partnership, give name, address, social security number and date of birth of each partner.

TITLE	NAME	ADDRESS	SS#	DOB
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Neither the undersigned nor any other person listed above has been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

DATE	CHARGE	LOCATION (City & State)
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\_\_\_\_\_ being duly sworn says that the statements contained in the foregoing application are true.

**SIGN** \_\_\_\_\_  
President, Partner, Sole Owner

Sworn to me and signed in my presence this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.**

TREASURY USE ONLY

**Badge No.** \_\_\_\_\_ **Power of Attorney** \_\_\_\_\_

**Health Permit** \_\_\_\_\_ **Peddler Receipt No.** \_\_\_\_\_

**Expires** \_\_\_\_\_ **ID Transferred to:** \_\_\_\_\_